

Caroline abbott

Town

County

Died at

Near Maryland Nicomia

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1891 1402 Oct 20

Age 54 8' 20

cm 5

Occupation

House work

Male

White

Married

Widow

Divorced

Female

Single

Widower

Number of children living

4

Wife of

William abbott

Father's

John D. malone

Mother's

Elizabeth emulon

Name

Cause of

Primary

Gastritis

How long sick

One year

Death

Immediate

No

Accident, Suicide, Homicide

Reported by

E A Benson

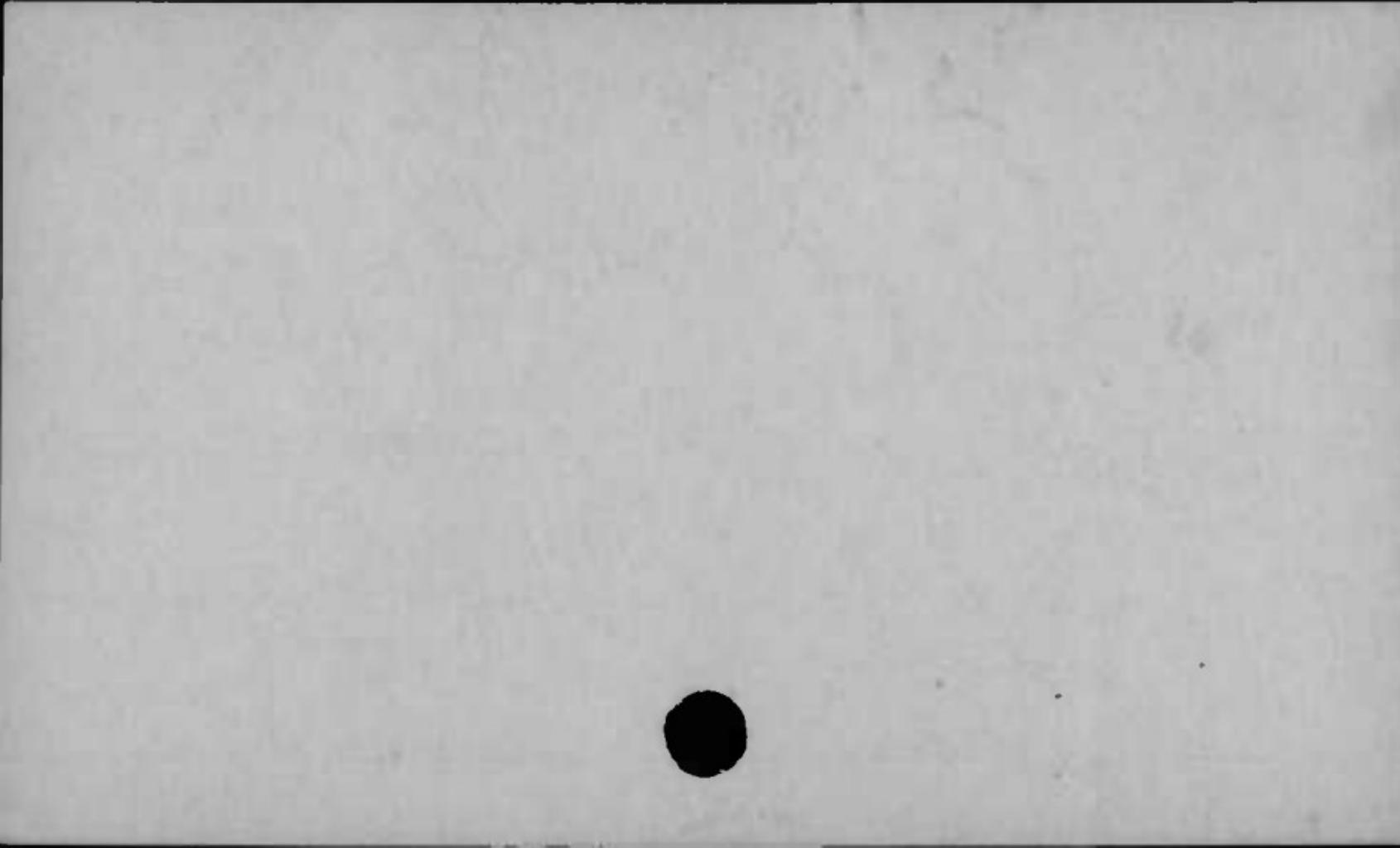
Address

Maryland

on 3

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frank Adkins

Town

County

Died at

MARYLAND

Parsonburg Wicomico

Date 189-	Month Oct	Day 11	Age 21	M. ♂	D. ♀	Native of Maryland	Occupation Laborer
Male	White	Married		Widower	Divorced		
Father	Colored	Single		Widower		Number of children living	

Husband of

not married

Wife

Father's

Name

Edward Adkins Mother's Name Lizzie Birmingham

Cause of

Primary

Consumption

How long sick

Death

Immediate

Exhaustion

6 months

Accident, Suicide, Homicide

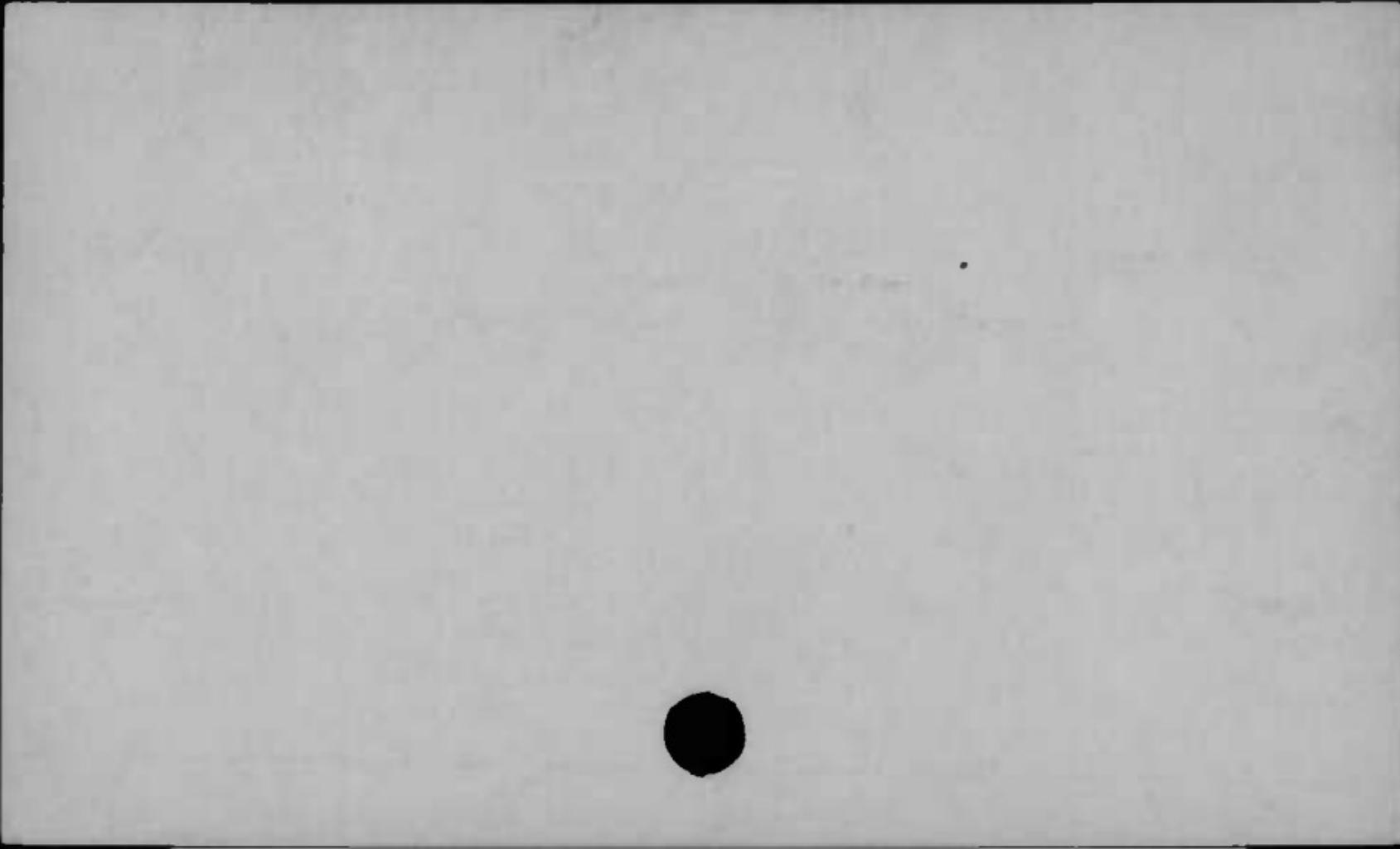
Reported by

Dr. L. St. Truitt

Address

Parsonburg Wicomico Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harvin P. Birckhead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Oct.	Day 12	Years	Months	Days
Sex Male	Color or Race Gold.	Occupation	Birth-place	Maryland	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Esmory Birckhead			Father's Birthplace	
Mother's Maiden Name	Elizabeth Birckhead			Mother's Birthplace	
Name of person giving Information	Esmory Birckhead			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Said to be 8 How long

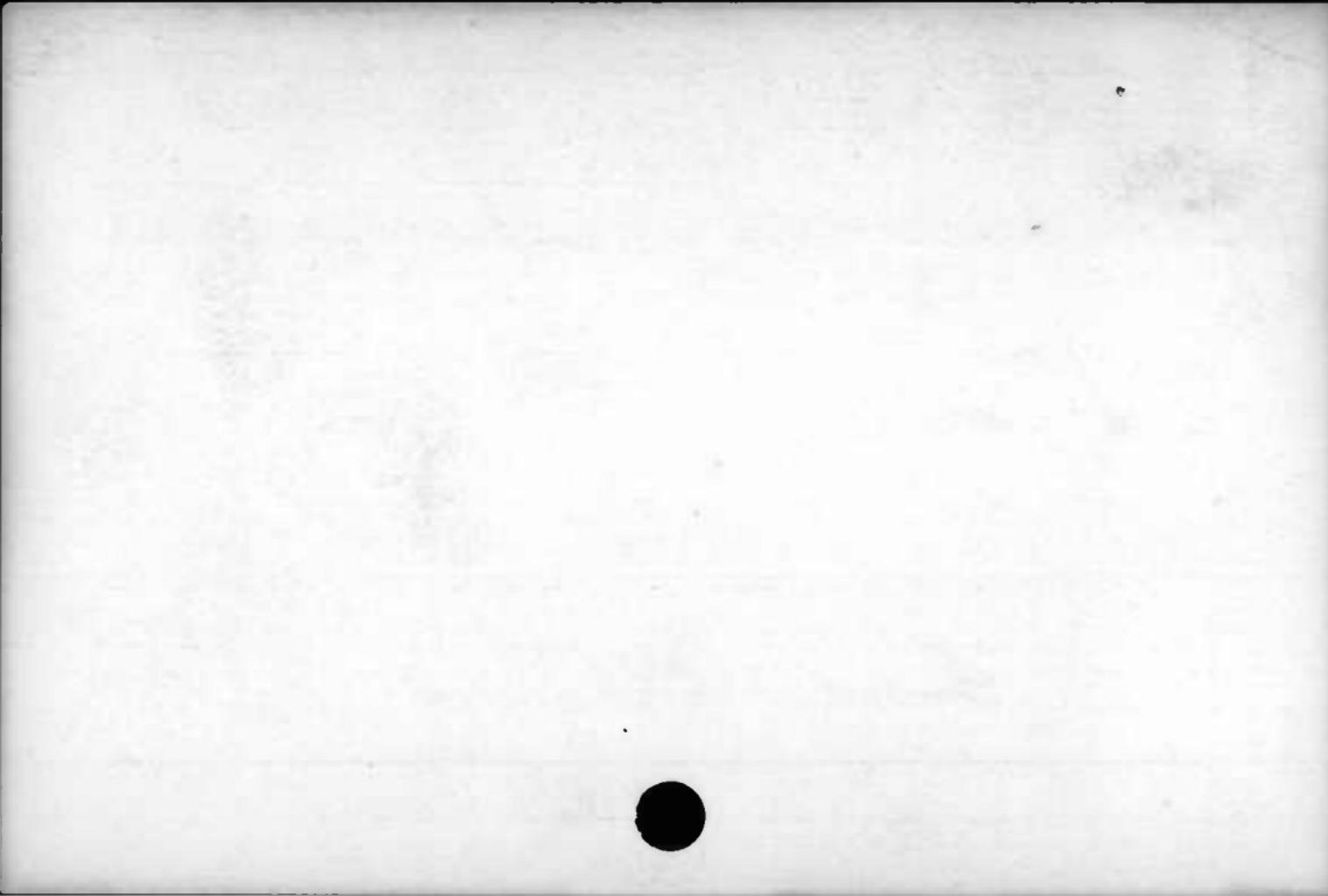
Immediate Whooping cough How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address Gco. C. Hill

No Dr. attended it Undertaker
Salisbury Md. X

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Fredrick C. Brewington

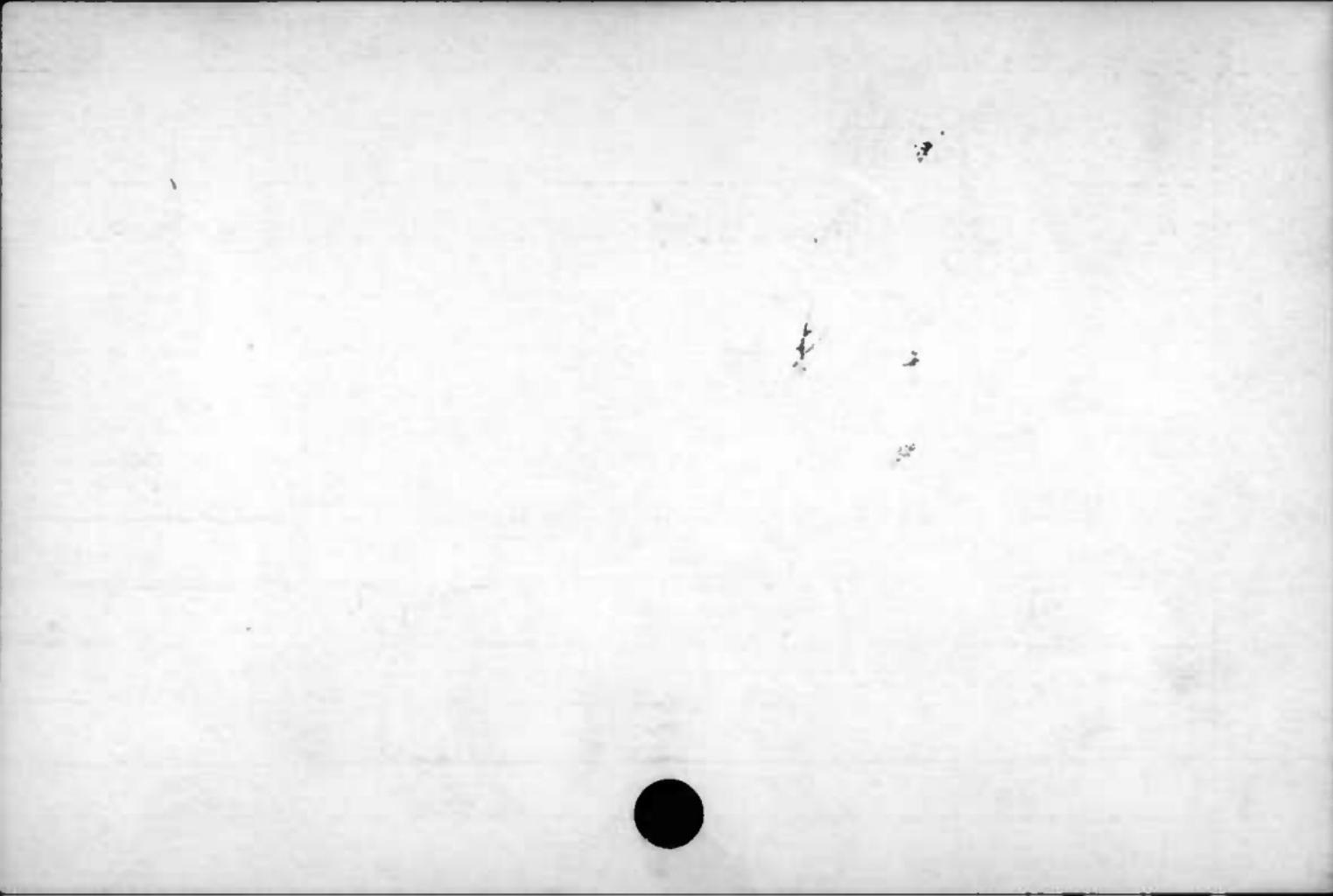
CERTIFICATE OF DEATH

Died at Salisbury		Town	County Wicomico		MARYLAND	
Date of death 1902	Month Oct	Day 20	Years 10	Age	Months	Days
Sex Male	Color or Race Colored	Occupation School Boy		Birth-place	Salisbury Md	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name Fred. C. Brewington				Father's Birthplace	Salisbury Md	
Mother's Maiden Name Mary Vincent				Mother's Birthplace	Salis. Md	
Name of person giving information		Julia A. Brewington		How related to deceased	Step-Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mastoid Abscess		How long	10 months
Immediate	Meningitis		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		✓	Signature of Physician	Gv. H. Todd
			Address	Salisbury Md
Accident or Suicide?		X		



John F. Collier

Town

County

MARYLAND

Died at

*Quantics**Wicomico*

Date 1902	Month Oct	Day 27	Y. 87	M. —	D. —	Native of Quantico	Occupation Carriage Maker
Male yes	White yes	Age 87	Married no	Widow no	Divorced no		
Female no	Cotored		Single yes	Widower yes	Number of children living 3		

Husband of *nobody*

Wife —

Father's Name *Mathew Collier*Mother's Name *Don't know*

Cause of Primary How long sick

Death Immediate old age Accident, Suicide, Homicide

Reported by *Dr Dashiell*Address *Quantics Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full:

Certificate of Death

Infant child

Died at ^{Town} athel ^{County} Wisconsin

MARYLAND

Date 1892	Month <u>Oct</u>	Day <u>4</u>	Age <u>— 3</u>	Y. <u>—</u>	M. <u>—</u>	D. <u>—</u>	Native of	Occupation
<input checked="" type="checkbox"/> Male	White	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Widower	<input checked="" type="checkbox"/> Divorced				
Female	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Widower	Number of children living					

Husband
of

Wife

Father's
Name

Thomas Donoho

Mother's
Name

Jimmie Donoho

Cause of

Primary

How long sick

2 weeks

Death

Immediate

General Debility

(5)

Accident, Suicide, Homicide

Reported by

A. L. Sealbrace

Address

Magdala Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 85968 X



Name
in
Full

Sandy Tootoo

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month Oct	Day 27	Years 28
Age	Months	Days	
Sex Male	Color or Race Black	Birth-place Md	
Married, Single or Widowed	Occupation Laborer		
Name of Wife or Husband			
Father's Name	Don't know	Father's Birthplace	Don't know
Mother's Maiden Name	Don't know	Mother's Birthplace	Don't know
Name of person giving Information	Nash Wailis	How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Suppose old age 154 How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D G Mallaney & Co
Salsbury Md - Quainton

Accident or Suicide? X



Frederie Gale

Town

County

Died at Quantico

Micromico

MARYLAND

Date 1902 Month October Day 3

Y. M. D.

Native of

Occupation

Date 1895

Age 2

Male 31s White

Married

Widow

Divorced

Female Colored 31s

Single

Widower

Number of children living

Husband of None

Wife

Father's Name

Mother's Name

Frederie Gale

Brigit Gale

Cause of Primary

How long sick

Death Immediate

7 months

~~Accident, Suicide, Homicide~~

Reported by James M Jones

Address Quantico Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988 X



Susan Goslee

Town

County

MARYLAND

Died at *Quarantine*

Wicomico

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 27th

Age

1 -

WidowDivorcedMaleWhiteMarriedFemaleColoredSingleWidower

Number of children living

Husband
of

yes yes yes

Wife

None

Mother's
Name

Susan Goslee

Father's

Name

Don't know

How long sick

Cause of

Primary

Death

Immediate

Typhoid Fever

Accident, Suicide, Homicide

Reported by

James M. Jones

Address

Quarantine Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

May E. Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Salisbury	Wicomico	Months	Days
Date of death 190	Month Oct	Day 13	Age 32	Years
Sex	Female	Color or Race	white	Birth- place
Married, Single or Widowed	Married	Occupation	Housewife	
Name of Husband	W. G. D. Groves			
Father's Name	John G. Brooks			
Mother's Maiden Name	Julia M. Brooks			
Name of person giving information	W. G. D. Groves			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria	127	How long 3 weeks
Immediate	Nursalgin	127	How long 3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address		
Accident or Suicide?	X Md		



Cornelia Guitrie

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct. 12

Age 32

White

Married

~~Widower~~~~Betrothed~~

Female

~~Male~~~~Single~~~~Widower~~

Number of children living

>

Husband of

J. Wm Guitrie

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Exhaustion

35 days

Accident, Suicide, Homicide

Reported by

Address

J. M. Guitrie

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Jane Handy

Town

County

Died at Maryland

Wicomico

MARYLAND

Date 1902 Month Oct Day 26

Y. M. D.

Native of

Occupation

1889

Age 30

and

Tuamico

Wife

Male

White

Married

Widow

Divorced

Female

Yes

Colored

Single

Widower

Number of children living

Husband of

John Handy

Mother's

Wife

Father's

Name

Cause of

Primary

Lungs if pr

How long sick

Death

Immediate

Pulmonary Consumption

Accident, Suicide, Homicide

Reported by

Dr W.H.N. Dashille

Address

Tuamico

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Estelle Haffington

Town

Allentown

County

Mcd

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date ~~1902~~ 1902 10 18

Age — 17 yd

Male

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

E. P. Haffington

Mother's

Name

Ida Stevens

How long sick

Cause of

Primary

Paroxysm

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

J. J. J. Lass

Address

Allentown Mcd

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Still Born Infant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 2 Oct	Day 27	Age 0	Years 0	Months 0
Sex Male	Color or Race White	Occupation	Birth- place		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Whitfield J. Sow				Father's Birthplace	
Mother's Maiden Name Ethel Howard				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Still Born

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

F. M. Clamons
Salisbury,
Md.

Accident or Suicide?



Name
in
Full

Henrietta Malone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1909	Month	Day	Years	Months	Days		
Sex Female		Color or Race	Age 55				
		Occupation					
Married, Single or Widowed		Widow	Housework				
Name of Wife or Husband		Elton Malone (dead)					
Father's Name		Carlop Malone Disharoon		Father's Birthplace	Md		
Mother's Maiden Name		Elizabeth Malone Disharoon		Mother's Birthplace	Md		
Name of person giving information		Mrs James M Bogman		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cystitis	123	How long Several Years
Immediate	Meamia		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Geo. H. Todd
			Address Salisbury Md
Accident or Suicide?			



Name
in
Full

Jennette Munnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Salisbury	Wicomico			
Date of death	1907 Oct	Month	Day	Years	Months
	7		7	Age	8
Sex	Female	Color or Race	white	Birth-place	Md.
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Alex. A. Munnell			Father's Birthplace	Md.
Mother's Maiden Name	Jennette White			Mother's Birthplace	Md.
Name of person giving information	105			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis with Dysentery

How long

Several weeks

Immediate

Diarrhoea

How long

2 or 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F. M. Stevens M.D.

Salisbury Md.

Accident or Suicide?



John L. Parsons

Died at Town, County, MARYLAND
 Salisbury Wicomico

Date 1902 Month Day Y. M. D. Native of Occupation
 Oct 21 1902 - - Md Laborer

Male

White

Age 44

- -

Md

Female

Colored

Married

Widow

Single

Divorced

Number of children living

Husband of

Wife

Father's Name

Noah Parsons Mother's Maiden Name Mary Jane Blake

Cause of Death

Primary

Immediate

Typhoid Fever How long sick
 4 weeks

Accident, Suicide, Homicide

Reported by

Mrs. W. Todd
 [Redacted] Salisbury Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Phillips

Town

County

Died at

Quarantine Wicomico

Mr RYLAND

Date

1922

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 1st

Age 26.

—

—

—

—

—

—

—

—

—

—

—

Married

Widow

Divorced

Male

White

Married

Female

Colored

Single

Widower

Number of children living

1

Husband

of Demacia Phillips

Wife

Father's

Mother's

Name

Thomas Phillips

Name

Sarah Phillips
long sick

Cause of

Primary

Typhoid Fever

Death

Immediate

Dent, Suicide, Homicide

OVER

Reported by

Wm. H. Dashiel M.D.

OVER

Address

Quarantine Rd

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Information contained in this certificate re-
ceived from _____

of _____

Lilian May Phillips
Town County

Died at Quantico, Virginia MARYLAND

Died at	Quantico	Month	Day	Y.	M.	D.	Native of	Occupation
1902								
Date 188	Oct	3					Quantico	
Male	White						Bronzed	
Female	Blond						Number of children living	
Married								
Single								
Widower								

Husband
~~John~~

Wife

Father's
Name

Frederick Phillips

Mother's
Name

Sallie Phillips

Cause of

Primary

How long sick

Death

Immediate

Spasms from Jaundice

Accident, Suicide, Homicide

Reported by

Wm. H. Dashille M.D.

Address

Quantico Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name
- in
Full

Annie OV Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at Salisbury	Wicomico				
Date of death 1902 Oct	Month	Day	Years	Months	Days
Age 27					
Sex Female	Color or Race	Occupation	Birth-place	Md	
Married, Single or Widowed Married	Black		housework		
Name of Wife or Husband Addo R Ward					
Father's Name Henry Curtis	Father's Birthplace				Md
Mother's Maiden Name Susan Horsay	Mother's Birthplace				Mel
Name of person giving information Addo R Ward	How related to deceased				Husband

CAUSES OF DEATH

Primary Appendicitis	118	How long 3 days
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Dr. _____	56 Halloway & Co
	Address	Salisbury Md undertakers X
Accident or Suicide?		



Name
in
Full

Albert West

CERTIFICATE OF DEATH

Died ~~at~~ 3 1/2 miles south of Town Salisbury County Wisconsin
MARYLAND

Date of death 1902	Month Oct	Day 7	Age Years 86	Months	Days
Sex male	Color or Race white	Birth-place Delaware			

Married
 Widowed

Occupation

Farmer

To BE ANSWERED BY
NEAREST FRIEND

Name of Wife or
Husband

Father's
Name
John West

Father's
Birthplace
Baptist Church

Mother's
Maiden Name

Name of person giving
Information

Thomas West

64

Mother's
Birthplace
Don't know

How related
to deceased
Son

CAUSES OF DEATH

Primary

Paralyzed on right side

How long

3 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

D C Holloway & Co
undertakers Salisbury Md

PHYSICIAN
OR CORONER

Accident or Suicide?

